

The Treatment of Acute Pneumonia by Depletion.

In every condition of life, there are compensations to set against its peculiar drawbacks. Duty recognising this, as the law of a kind providence, to no one are the advantages of Medical practice in the country more definite than to myself; and by no one are they more appreciated. Set against the physical fatigue, which falls to the lot of every busy country practitioner, are the healthful and pleasant surroundings of his work. His results are aided, by purity of air, and the simple necessities of life, simplicity of habits, and its influence upon health and disease, and freedom from business, and social excitements of town life. He is spared from the daily contemplation of many forms of disease, attributable to impure surroundings, and therefore more or less inamenable to treatment, and chronicity of ailment, is a less frequent feature than extreme acuteness. Left more or less, to his own resources, he becomes through much anxiety, self-reliant, and decisive;

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qualities of greatest value, when unassociated with care-
 lessness. I am not speaking disparagingly then, when I
 refer to his fewer opportunities of systematising his time
 and work. An urgent journey, involving a ride of twenty
 five or thirty miles, breaks in upon the arrangements of
 the day; and when might ~~be~~ a few less urgent arrears, are
 left to counter the work of the morrow. Unless he trains
 himself, to retrace over past work, and think of present
 duties, while driving, or riding, studious tendencies, soon
 become numbered, among memories of College life; and however
 congenial medical literature, may be to him, it requires
 an effort to keep up the necessary amount of reading -
 Under such circumstances, a Thesis becomes a formidable
 undertaking, especially as his references to particular cases
 must of necessity lack that statistical accuracy and value
 attainable, if patients were sufficiently near to visit them
 with scientific regularity. As to Medicine generally
 the effect of my University training, was to make me expect.

Continued progress, and improvement, in the present state of our knowledge, and possible changes, in existing theory and practice. It taught me, therefore to hold no acquired opinion too obstinately, nor yet to repeat any new expression of opinion too lightly. In the present condition of Pathological science, this state of mind is absolutely necessary, in dealing with questions of greatest import. It also applies to matters of minor details; and as my paper tends to show, in discussing the value of opinion, that have held sway in former times, and are now more or less discarded. As to the Treatment of Pneumonia, when I undertook the responsibilities of practice; my personal observation and experience, has strengthened some of the views, taught me in my University training, and modified others. But I owe, to the influence of another, my firm belief, in the efficacy of heroic depletion, if called for in carefully selected cases.

My late principal Mr. James William F.R.C.S. Breen whose name, throughout a very wide district, seemed one to conjure with, in the Treatment of Pneumonia. At first I felt inclined to sneer, at his vigorous method, and the promptness, with which he carried it into effect. But daily contact with him, in his work, and his almost unfailling success, afforded me food for serious reflection; and convinced me that Venesection, not lavishly employed, but resorted to heroically, when deemed necessary, was the secret of his well earned fame. We cannot fix upon a single disease - in which the plans of treatment are so antagonistic as in Pneumonia, and each plan with a reported success. It is indeed difficult for a young practitioner, to decide which to adopt. There are some who maintain, it is a specific disease with a distinct course to run, that the patients should be supported from the outset, with soups and alcohols

Stimulants. Others again advocate a thorough Anti-
 phlogistic mode, a treatment of Depletion, through all
 the channels, that nature and art, can bring into action.
 namely a low diet, diaphoretics, diuretics, Purgatives
 and Venæsection. While another class disregard all
 medicinal treatment, and recommend what they term
 the Expectant method. And it is a fact, that a
 large number of cases do recover, without the aid of
 Medication, when placed under favorable circumstances
 such as a well ventilated room, with medium temperature
 a simple diet of milk or gruel. Thirst relieved by the
 administration of an equal mixture of skim milk and
 water, and pain through the application of poultices
 Diarrhœa or constipation corrected. But for myself I
 must say, when I am confronted with a simple, un-
 complicated form of Pneumonia; I cannot remain an
 inactive spectator, and I lose no time, to put into
 activity the agents of depletion, which from my short

experience, as a practitioner, I have found the most efficacious, not only in the cure of the disease, but also in the relief of its symptoms. I would here, like to remark that I am aware, that this subject, has been discussed by many eminent authorities; and I do not presume to add any original thoughts to the discussion, but merely to place before you my convictions, which have been arrived at, from Clinical observation, and to show you from personal cases, my reasons for those conclusions. As I have already alluded to, in my introductory remarks, my experience has been obtained, from an extensive practice among the agricultural classes; who are generally speaking of strong and robust health. And among these classes, I am firmly convinced, and my experience from day to day confirms me, in that opinion, that Depletion is necessary. Some undoubtedly demand it, to a greater extent than others but all require it in some degree. We will now suppose that I am called, to a simple uncomplicated form

of Pneumonia in an adult person. My first duty, is to attend to the surroundings of the patient. I place him, if possible in a well ventilated room, and secure him from draughts. The room must be kept at a medium temperature, say from 60° to 63° Fah.; and for this purpose, it would be well, to advise the friends, to procure a thermometer. I lay, great stress, upon this matter, in the treatment of all chest affections. I confine the diet to gruel, milk, arrowroot, cornflour, mutton and chicken broth. For the relief of the thirst, I find skim milk and water, mixed together in equal quantities, exceedingly efficacious. The mixture not only answers that purpose, but also acts as nourishment in a simple form, and helps to bring about Diuresis. The patient might drink of it, freely when desired. My next move, is to give a rapid purgative, and for this purpose I prescribe the following; which I generally carry with me in my country journey, in order to save time.

R.

Pil. Hydras

Exh. Alors Aq. aa gr iij

ft Pil

~~M~~

et R. Pulv Jalap. Co Zip

Magnes. Sulphat. 3iii

ft pulv

~~M~~

Sig To be Taken immediately

The latter is given, stirred up in tea, being more agreeable to the patient in that form, than otherwise. Either with the powder, or immediately after, I give a five drop dose of the Tincture of Aconite, which I also, invariably carry with me; As I do not wish, to lose any time before giving the patient, the advantage, of the early administration of this most powerful remedy, and in the stage most adapted for its application. After free purgation is produced; instructions are given, to apply poultices, both to the front and to the back of the chest.

These may be made of crushed linseed, or what will be found better, crushed linseed, and bran, mixed together in equal quantities, as they make a lighter poultice, and in my opinion give more relief, and comfort to the sufferer.

They should be changed at least every four hours. If the pain be severe, an addition of mustard, in the ratio of one tablespoonful, to four tablespoonfuls of crushed linseed will be found of much advantage. Then I prescribe the following Mixture and pills.

R

Tinct. Aconiti 3p

Pot. Nitrat. 3p

Magnes. Sulphat. 3p

Tinct. Opii 3p

Liq Amou. Acet. 3ij

Aquam ad. 3ij

Sig. Two tablespoonful to be taken
every four hours.

R

Calomel gr. i^{ss}

Pulv. Spec. gr. i

Eth. Alon. Aq. gr. i

Sig. ^{ft} ~~ft~~ One to be taken every 4 hours.

When I next see the patient, say from 16 to 20 hours afterwards, and I find, that the symptoms, have not been materially abated. We will take for instance, that the Temperature is 103° Fah. or above, pulse full and rapid 100 to 130 in the minute; considerable dyspnoea with shallow and rapid respirations, 30 to 45 in the minute. Pain severe in the side or much headache, flushed appearance of the face, particularly if livid, sputum very rusty, and cough troublesome. I do not hesitate to use the lancet, and bleed from the arm, paying more attention, to the effects produced, than to the quantity of blood extracted. The treatment, might be termed and with truth, heroic; but it must be remembered, that

I am dealing, with the disease, in its most sthenic type, while yet uncomplicated, a state of matters, not often to be met with, in our large cities and towns.

The pill and draught, given at the outset, might be objected to, as likely to bring about a Catarrhal condition of the bowels, and consequent diarrhoea. I have never found such a result in my experience, but should it occur, I would rather promote, than stop it, if not too severe. On the other hand, the patient invariably expresses a sense of relief, he feels lighter and more comfortable. The pain in the side, is also, if not wholly, partially relieved, due in my opinion to the Petr. Salap. Co. which acts in the relief of pain in this instance, through the same means, that it relieves that due to Lumbago. The watery stools produced, relieves also the engorgement of the Right side of the Heart, and thereby, by giving that organ, less obstruction, to carry out its functions, it has less work to perform, and thus conserves its energies.

Through the same means, the congestion in the Inflamed lung is reduced - and the respiration and expectoration made easier. The Mixture administered might be considered unpleasant to the taste, but that is not a sufficient reason to ignore it, when experience, has taught me its efficiency. I will here, explain, that during my first years in practice, I did not prescribe Aconite, but substituted for that drug, moderate doses of Antimony. My University training taught me, that the administration of a noxious poison such as this drug, should be resorted to with extreme caution. Since its first introduction in the thirteenth century, it has been a controverted remedy in disease. In the seventeenth century, an Italian school represented by Rasori, taught, that when tolerance, of large doses, by the stomach was attained, the Antimony went on curing disease, while the orthodox school maintained that it went on injuring the system. The Rasorian system of depression by Antimony, followed and

superseded the Stimulant, introduced by Brown, a pupil
 of Cullen's. In dealing with what this school termed
 Hypersthenic Inflammatory diseases, two grains of Tartar Emetic
 every hour, was not considered an extravagant dose. Larrenee
 advocated moderation, and we look now upon the abuse
 of Antimony as exceedingly dangerous. Wilson suggested
 the combination of Opium with Antimony, but the former
 merely cloaks the poisonous effects of the latter. Curative
 doses, may be employed possibly with advantage, but not in
 cases of emaciation, or when the bowels are relaxed, or with
 children under five years of age, and if given in large doses
 should be discontinued early, unless continued merely in
 expectorant doses. The above gives the substance, of my
 teaching upon the administration of Antimony, and it can-
 not be considered very encouraging for its employment.
 Nevertheless, in moderate doses of one sixth of a grain every four
 hours, I found it extremely useful. Troscian in his Clinical
 Medicine Vol. III page 346 says "In Therapeutics, I only see two

things, the administration of the medicine, and the result of that administration, as for the intermediate phenomena, they escape our observation, and perhaps will always continue to do so." The above dose I found sufficient, to bring about its physiological effects such as diaphoresis, diuresis, pulse, becoming slower and weaker, and respiration made less frequent. By its action, upon the heart, less blood is sent to the Inflamed organ - so as to put it, in comparative rest. The obstruction to the heart is less - and consequently the work, - the energies of the organ are retained, and not wasted in the efforts to overcome its difficulties. The conditions favourable to the administration of Antimony are an early application, and robust constitution, where the heart acts with energy. But on the other hand it is contra indicated, when the patient is weak or anæmic, or of scrofulous tendency, or when he has recently suffered from acute disease. I have not left the use of Antimony, for any want of confidence in its remedial

properties, but because I find that Aconite gives me all its advantages, with also some additional inducements. The therapeutical effects of both drugs, resemble each other in most particulars. Both are general depressants, and render the action of the heart slower and consequently the pulse, and in moderate doses, render the respirations slower. Both are diaphoretics, & thereby relieve restlessness. The action of both drugs, to check Inflammation is more evident, when given in the early stage of the disease. But I must claim this advantage for Aconite, that its Antipyretic properties are more powerful - and it might also be added, that its sedative effects are more marked. I do not think, there exists a drug, whose value is more apparent than Aconite. I have, personally, on more occasions than one, experienced its utility. Subject as I have been of late years, to acute Inflammation of the fauces, when I get a chill, with feverish symptoms, dry hot skin, pulse accelerated, headache, thirst and

sore throat. After a hot bath, I put myself immediately under a drop dose of the Tincture of Aconite Every quarter or half hour, until free perspiration is produced, with this comes my relief, and the cutting short of an attack of Quinsy. Undoubtedly the Therapeutical effects are more apparent, in Inflammation confined to small spaces, yet in Pneumonia, Pleurisy and the deeper Inflammations, its effects are also made manifest. I believe it is within the power of this drug, to check Inflammation, if administered in small repeated doses, say during a rigor or shortly after. But when given during the first 12 or 24 hours, it often relieves the symptoms, in such a marked manner, through the reduction of Temperature, pulse and respirations made slower, relief of cough and pain, expectoration rendered easier; that it cuts away, any further plea, for such heroic treatment as Venesection. To obtain the best results from Aconite, it should be given at the outset of the disease "on the hop so to speak." It appears

to me; to act upon the heart and the lungs, in precisely the same manner as Antimony. All agree, that *Liquor Ammon. Acet.* is beneficial. It brings about depletion, by acting on the skin and kidneys, as a diaphoretic and diuretic. It also acts, as an expectorant. Sulphate of Magnesia, is added to the Mixture, for the purpose of keeping up the action of the bowels; and the watery stools produced, deplete the system. Like all the Potash salts, the Nitrate of Potash, is a depressant; and its action on the kidneys as a diuretic is very marked. Opium is generally contraindicated; but I have not in my experience seen any ill effects, from the administration, of five drop doses of the Tincture every 4 hours. But on the contrary it allays restlessness, irritability and pain. I would certainly avoid prescribing it, if the breathing became obstructed, through the accumulation of phlegm or opatium. Opium also helps the action of the other agents, to produce diaphoresis. Although taught differently in my college

day, I have reason to believe in the efficacy of Mercury
 in Inflammatory conditions. But I discontinue the use of it
 when the gums begin to be affected. Calomel is a good
 form for administration, and it helps to Evacuate the
 bowels. But in case these agents, do not materially
 abate the symptoms, I have recourse to Blood-letting.
 During the first half, of the present century, Veni-
 section was considered the sheet anchor in the Treatment
 of Pneumonia. I may here with advantage, give the
 substance, of my teaching, on the subject, during my Univer-
 sity curriculum. "It is probable, that Statistics, have un-
 duly biased the minds of Medical men, against heroic
 bleeding. It is extremely difficult to apply statistics
 impartially as they demand, such careful weighing, con-
 sideration and deduction. This is clearly proved, by the results
 arrived at, by statisticians. In comparing the value of
 bleeding, with that of the expectant treatment in Pneumonia
 Dietle of Vienna, decided in favour of Expectancy; but in arriving

at this conclusion, he pursued a course of blind routine
 which rendered his statistics utterly fallacious. With-
 out the necessary selection, he treated a hundred consecutive
 cases of Pneumonia, by bleeding, comparing the result
 following the treatment of another hundred consecutive
 cases by Expectancy. Advocates of bleeding such as
 Larunec, Frisolle and others, carefully selected the cases
 to be so treated, as well as the most ^{suitable} periods for heroic
 interference, with results, which induced their advocacy.
 Unfortunately the controversy occurred, at a time, when
 refusal to bleed, in severe cases, was deemed malpractice,
 and exposed the practitioner to the charge of trifling
 with life. It is not to be wondered, then, that this
 abuse, by producing dangerous results, led finally to the
 rejection of heroic bleeding; nor is it surprising, that
 the period of high mortality in Pneumonia, corresponds to
 the lavish resort to it. It seems, clear however, that
 blood letting is a remedy of great power, and efficacious.

at an early period, in exceptionally acute, uncomplicated cases, when the urgency and rapid development of the inflammatory symptoms are very marked. It should be studiously avoided in conditions of exhaustion and anaemia, in old age and extreme youth, and when the blood is impoverished by any chronic disease, especially Bright's disease. Venæsection is preferable, to the use of leeches, and one heroic bleeding, to frequent, and feeble, repetitions of the Treatment." The result of my experience, has been, that of verifying the above remarks in every particular. And if the advocacy of such an Emment teacher, is so distinct and decisive, while practising in a large centre like Glasgow, I am tempted to believe, that it would be even more so, if he was placed like myself among the agricultural classes, where disease is met with in the most sthenic type. Most authorities do now agree, that whereas, blood letting, was formerly indiscriminately employed, we have now, arrived at the other extreme, and neglected an

an operation, which Dr. Graves has described as "a practice that has the unquestionable sanction of time and experience in its favour" In the introductory ^{lecture} at St. Mary's Hospital, by Mr. Alexander Crichett Oct. 3/87, I see Dr. Hare referred, as having said "that we sometimes fail to take advantage, of old and valuable remedies, because their indiscriminate employment, has brought them into deserved discredit". In my opinion blood-letting takes the foremost place among them. When we take into consideration, that most authorities agree, as to its being a powerful remedy, in carefully selected cases; it is surprising to me that the practice is so thoroughly discredited. It is seldom, that modern practitioners do bleed, under any circumstances; and there are not a few who have never seen the operation performed. Rarely we find a country practitioner, placed like myself, relate his experiences in writing. I am firmly convinced, that if venesection, was advisedly resorted to, in our practice in the treatment of Pneumonia, that our evidence would be

would be overwhelming in its favour. On the contrary, we may have relied too much, upon the teaching, of eminent authorities, engaged in the hospitals of our large centres, where they see the disease, under very different conditions, to what we see it in the country. I can well understand how in hospital cases, the mortality is high, where Venesection is resorted to. These have, generally speaking, passed the stage, requiring active depletion, before admission, and are frequently of a typhoid type. It was through the indiscriminate use of the lancet among that class, that blood-letting has come to bad-repute; and not through its employment among the strong and robust, which falls, to our lot as a rule to deal with. The more we understand the difference between the Medical Constitution of the large centres such as London, Edinburgh and Glasgow, and a purely agricultural country like that of Brecknock, the more successful our treatment will be. It may be alleged against Venesection, and perhaps, with truth, that it protracts convalescence. But I say, better

that, that run the risk, by neglecting it, not to reach that stage at all. In our present knowledge of Medicine there is not another remedy known, that gives so much immediate relief; and I believe that in some few cases it has actually the power to arrest the disease. The practice has the best effect, when resorted to during the first 4 days; and it is very rarely that I bleed after that period. In Louis has shown, that Pneumonic patients, bled within the first 4 days recover *ceteris paribus*, 4 or 5 days sooner, than those bled during a more advanced period. (Dr. Walster's Diseases of Lung and Heart page 329) All agree, that the immediate cause of death in Pneumonia, is failure of the action of the heart. There are two ways, whereby an organ, becomes enfeebled, either by depriving it of its nourishment or over increasing its work. The high temperature tends to weaken the muscular structure, and the obstacle in front of it, viz. pulmonary congestion and obstruction, give it more work to do, hence the Right Heart gets dilated and enfeebled, and more work is thrown

also, on the left ventricle. Now by venesection, as well as the other agents of depletion, the heart is relieved of a great amount of work. The temperature is reduced, and the strength of the organ is conserved - which is more economical than to whip it up with stimulants. Before I detail a few of my cases, I would like to conclude my humble remarks in the words of Sir James Paget Med. Journ. Aug. 15/74 which will in my opinion, give additional weight to what I have feebly attempted to represent. "But I found in my case book, some things which made me fear lest in our progress, we should have let some things fall, which we had better have held, and are now regarding things too lightly, that then seemed very grave, and perhaps are so still. I have come to two conclusions. One of them is that, at the present day, we undoubtedly overvalue the blood, and estimate too cautiously the loss of it. The fact is worth recording, that nearly, the most pressing symptoms of acute disease, bleeding was at the time an almost

complete remedy. It would be impossible to determine now, by any method of Analysis, what case gave real, and what gave apparent relief. But I cannot for a moment believe, that there were none, among those cases that were not thoroughly and fully relieved by the proceeding - for what have we to believe, if we suppose they were not?

Why that all those, whose names we hold in honour, as the most sagacious teachers of the time, were at this time profoundly and greatly mistaken. Can we suppose that all those who were teachers, and taught them; who were keen, in all their observations, of the diagnosis of disease could forecast, what would be the course, and judge exactly of its effects; and yet in respect to that, to which they gave the best portions of their lives and mind, the treatment of it, were even stupidly in the wrong, and doing grievous damage to those, they were seeking to do good? I will take any Hypothesis of Pathology rather than believe that. That there were cases greatly benefited, I have no doubt; and one

of the chief inquiries we have to enter upon now, is which of these cases suffered harm, and which were really benefitted, by the treatment we now neglect.

Case 11) On the 3rd day of March 1884 I was asked to attend a Mr. J. P. who I found suffering from Acute Pneumonia, base of the Right Lung. He had always been of strong and robust health, and of temperate habits. His age was 35. I found him suffering from considerable dyspnoea, his respirations being frequent and shallow about 40 in the minute, severe pain in his R. side, pulse rapid and full, 136, dry hot skin and a temperature of 104.5 Fah, great thirst and a high coloured and scanty urine. The expectoration was fairly free, but very rusty. I had a fire lighted in his room, and gave directions, to keep it at a temp. of 60° to 63° Fah, and then I gave him the aperient pill and draught, and at the same time a five drop dose of the Tincture of Aconite. After

free purgation, was produced. I ordered that poultices should be applied both to the front and back of the chest; and as the pain was severe, with an addition of a little mustard. The Mixture and pills, were commenced after the bowels had been freely moved.

When I saw the patient, the next day, I found him slightly relieved, his skin was acting fairly, the bowels had been freely moved, but his temperature, had not materially abated being 104.2 , his pulse and respirations about the same, but the dyspnoea did not appear to be so great. I had then recourse to venesection, & bled him from his right arm, to the extent of 15 oz. of blood, until in fact he actually fainted. The operation gave him immediate relief; he could now take a deep inspiration, without any pain, which was utterly impossible a few minutes ago. And before I left the house half an hour hence, his pulse had been reduced to 124 , respirations to 32 and the temperature to 103°F .

He also perspired freely, & felt very drowsy, when I left him, and as I learnt afterwards slept for a considerable time. I continued the Mische and pills until the feverish symptoms subsided, which occurred about the sixth day, when I changed my treatment to vegetable tonics. The patient made a good and rapid recovery, & is to this day, under the impression that he owes his life to blood-letting.

Case 12) In the evening of Oct. 21/84, I was called to a young man, of a healthy constitution, & suffering from Acute Inflammation of the base of Left Lung. I had attended the family for a considerable period, and had every reason to believe, that they had every confidence in my skill. I felt therefore, considerably surprised, that a request was made, that my principal (Mr. Jan. Williams F.R.C.S.) should visit the case himself; for the sole reason, as I was afterwards informed, that the friends, were under the impression, that he would bleed

but that I would not. Such was their confidence,
 in blood letting, which is by the bye, universal in the
 district. But as my principal was from home
 I had no other alternative but go myself. I found that the
 young man, had been hedging the previous evening, & had
 got wet, that night he had a severe rigor. His friends
 in the morning, believing he had a severe cold, gave
 him an aperient draught (Magnesian Salts and In-
 fusion of Senna), which acted freely upon the bowels.
 But not being better in the evening, he received
 the message to visit him. When I did so, I found
 him with a very high colour in his face, and a severe
 headache - considerable pain in his left side, & much
 dyspnoea, respirations 38 and the pulse full & rapid
 148 -; the rusty expectoration, contained a large
 quantity of blood. His skin was dry & hot, with a
 temperature of 104° Feh; throat was intense - and he
 was slightly delirious. As his bowels had been freely

moved, I did not give him the usual pill and draught
 but had at once recourse to my lancet, bled him to
 the extent of 12 oz; and with the same good results
 as in Case no. 1. The high colour also disappeared
 from the face. Next morning I took my principal
 with me, to see the case, & we were both considerably, but
 agreeably surprised, to find our patient practically
 convalescent. His temperature had been reduced
 to 99° Fahr, his pulse to 90 and respirations to
 24 in the minute. I should have said, that I pro-
 cured the usual mixture and pills, which I continued
 for another 24 hours - when I had afterwards recourse
 to tonics. The patient was out of doors, within a week of
 the outset of the attack. This is one of three cases
 in my experience - where venesection,
 heroically & expeditiously done appeared indeed, to
 actually arrest the disease. I shall in the next
 place give one of the parallel cases.

Case (3). On the 4th day of April 1887, I was called to a young man age 17, of robust health and florid complexion. I found him suffering from the usual symptoms of Pneumonia in its sthenic type, with a temperature of 103° Fah. pulse 136, and respirations 36. Considerable dyspnea and pain in his left side - which was the affected lung (base) His friends had advisedly given him an opulent draught, which had before my visit, acted freely. I thought it a suitable case for blood-letting. He was bled to the extent of 10 ounces, with considerable relief to his symptoms; free perspiration was almost immediately produced and an inclination to sleep. The usual mixture and pills were prescribed. Next morning, it rejoiced my heart, to find a temp. of only 99.5° , pulse 100 and respirations 24 in the morn. The mixture was continued for another 24 hrs. This case also ended in a good and rapid recovery.

I will now give an example of a case, in which heroic depletion like Venesection, was inapplicable - & would have probably ended fatally if resorted to.

Case 141. A little girl, age 5 years, had suffered for 4 or 5 weeks from Whooping Cough, when I was asked to attend her, and I found that Pneumonia had set in as a complication, when her strength and constitution were necessarily at a reduced state.

The pulse very frequent 160 or more, respirations about 50, and the temperature 104° Fah. I gave her a powder containing 2 grains of Calomel and ten of powdered Jalap, which had the desired effect.

At the same time, I put her under the influence of a drop dose of the Tincture of Aconite every hour for 4 days, with occasional intervals of 4 or 6 hours. But with directions, that when the temperature was reduced to 100° Fah, it was to be immediately discontinued. I entrusted my Thermometer, to her father, who was an intelligent man,

for the purpose. Free perspiration was produced but no appreciable effect on the temperature. On the 5th morning, the temperature had reached 105°Fah . and the pulse & respirations correspondingly high. A fatal result was anticipated small hand. And as a last resource I gave five grains of Antipyrene which in course of an hour or two reduced the temperature to 103°Fah , when another five grain dose was given, with the good result of further reducing the temperature below 100° when it was discontinued. The heat did not increase again, and the child made a good but protracted recovery. During this attack, the characteristic paroxysms of Hooping Cough disappeared, but returned with the appearance of convalescence.

Case (5) Attended Miss M. L. age 25 (March 1886) with an acute Pneumonic attack of the base of the left lung. Temperature 103.5°Fah , pulse 120, considerable

dyspnoea, with rapid respirations 40, and slight lividity
 of lips, urine scanty and high coloured; expectoration
 rusty and fairly free. I placed her as far as possible
 in properly hygienic conditions. The aperient pill
 and draught were given, and after they had acted
 freely, poultices were applied and the Mischue and
 pills given. I saw her in about 16 hours afterwards,
 when she expressed herself as feeling considerably
 worse, although the objective symptoms were not
 aggravated. I performed Venesection to the extent
 of 12; until she could take a deep inspiration
 with ease. Before I left temperature fell to 102°
 and the pulse and respirations correspondingly
 improved; and the skin acting freely. The poultices
 and the Mischue containing Aconite were continued
 When I next saw the patient, the following day
 the temperature had again risen to 103° Feh. and
 the pulse + respirations also accelerated. But the

dyspnoea, did not appear to be so great. Pain and cough had also continued in a better state. So I considered her a degree better, and continued the treatment. The case went on satisfactorily, until the 4th day, when the attack ended in a crisis; after which I changed the Antiphlogistic treatment, for treatment by vegetable tonics. I could multiply my cases, but I think one more case will be sufficient for my purpose.

Case 16) A farmer on the 3rd. day of March 18th, requested me to visit his servant, a woman of 35 years of age, and of a remarkably strong constitution. I found her suffering from Acute Pneumonia of the base of the R. lung, with the usual symptoms. Temperature 104., pulse full and rapid 130. respirations 42, with considerable dyspnoea, expectoration rusty. I gave her the usual pill and draught, together with the Mixture and pill. Next morning, when I saw

her, the pill and draught had acted freely, & had given her some amount of relief, & she expressed herself better. But the temperature remained high & the dyspnoea considerable. So I thought it, the best policy to bleed, which I did to the extent of 13.12, & which was attended, with the usual relief to the symptoms. Next day, her temperature was 102° *Fah.* pulse 100, and respirations 26. I did not see her the next, but the following day, when her temperature was normal, pulse 80 and respirations 20 in the minute. I then commenced a tonic course of treatment, and she made a good and rapid recovery.